

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937314 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.			5			
TOTAL DEP.			6			
TOTAL CLAIMS			50			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52			/			
53			/			
54			/			
55			/			
56			/			
57			/			
58			/			
59			/			
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87			/			
88			/			
89			/			
90			/			
91			/			
92			/			
93			/			
94			/			
95			/			
96			/			
97			/			
98			/			
99			/			
100			/			
TOTAL IND.			6			
TOTAL DEP.			44			
TOTAL CLAIMS			50			

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101					/								
102					/								
103					/								
104													
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148													
149													
150													
TOTAL IND.					↓	/	↓			↓			
TOTAL DEP.					←	31	←			←			
TOTAL CLAIMS					32								